

Personal Details

Title: Family Name:

First Name/s:

Preferred Name: Occupation: Patient NHI

Date of Birth / / Gender: Male Female

Contact Details

PHYSICAL ADDRESS:

Unit / House No: Street:

Suburb: Town or City: Postcode:

Work Phone: (0) Home Phone: (0) Mobile Phone:

Email Address

POSTAL ADDRESS: (Complete if different from physical address)

PO Box or Address: Town or City: Postcode:

If you are over 16 are you happy to be contacted by text messaging Please circle Yes / No

Ethnicity

Country of Birth:

Which ethnic group do you belong to? (you may select more than one ethnicity):

- New Zealand European
- Maori
- Samoan
- Cook Island Maori / Tongan
- Chinese
- Indian
- Other (such as Dutch, Niuean, Japanese, Tokelauan)

Next of Kin / Emergency Contact Details

First and Family Name:

Phone:

Relationship:

SIGNED AUTHORITY – THE FOLLOWING MUST BE COMPLETED

I AM ELIGIBLE TO ENROL IN COMPASS HEALTH PHO

I intend to use **Churton Park Medical Care** as my regular and ongoing provider of general practice / GP / First level primary health care services.

I am eligible and entitled to be enrolled in this PHO as I am residing in New Zealand and meet one of the following criteria:

Please Circle as appropriate:

- a) I am a New Zealand citizen OR
- b) I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010) OR
- c) I am an Australian citizen or Australian permanent resident AND able to show I have been in New Zealand or intend to stay in New Zealand for at least 2 consecutive years OR
- d) I have a work visa/permit and can show that I am able to be in New Zealand for at least 2 years (previous permits included) OR
- e) I am an interim visa holder who was eligible immediately before my interim visa started OR
- f) I am a refugee or protected person OR in the process of applying for, or appealing refugee or protection status, OR a victim or suspected victim of people trafficking OR
- g) I am under 18 years and in the care and control of a parent/legal guardian/adopting parent who meets one criterion in clauses a-f above OR
- h) I am under 18 or 19 years old and can demonstrate that, on the 15 April 2011, I was the dependant of an eligible work permit holder OR
- i) I am a NZ Aid Programme student studying in NZ and receiving Official Development Assistance funding (or their partner or child under 18 years old) OR
- j) I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme OR
- k) I am a Commonwealth Scholarship holder studying in NZ and receiving funding from a New Zealand university under the Commonwealth Scholarship

and Fellowship Fund. I confirm that, if requested, I can provide proof of my eligibility.

MY AGREEMENT TO THE ENROLMENT PROCESS

- I intend to use this PHO as my preferred provider of Primary Health Services
- I understand that by enrolling with this practice I will be enrolled with **Compass Health**, which is the Primary Health Organisation this practice belongs to, and my name, address and other identification details will be included on both the Practice and the **Compass Health Enrolment Register**.
- I understand that if I visit another provider where I am not enrolled I may be charged a higher fee
- I have read and I agree with the **Health Information Privacy Statement**.
- I agree to inform the practice of any changes in my eligibility

SIGNATURE:

Date of Signature:

OR Signed by AUTHORITY

Name of Authority:

Contact Phone Number:

Relationship:

¹An authority is the legal right to sign for another person if for some reason they are unable to consent on their own behalf.

A separate enrolment form is required for each patient including dependents People 16 years or over are to complete and sign their own form